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06-22-01

PTO/SB/16 (12-97)

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11017 U.S. PTO  
09/886511



# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	99-315A
First Inventor or Application Identifier	Karen L. Coates
Title	Cermet Thin Film Resistors
Express Mail Label No.	EL 828273553 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO

Assistant Commissioner for  
Patents  
Box Patent Application  
Washington, DC 20231

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 10 ]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed Sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets. 2]
- ☒ Oath or Declaration [Total Sheets. . ]
  - ☐ Newly executed (original or copy)
  - ☒ Copy from a prior application (37 C.F.R. §1.63(d))

for continuation/divisional with Box 17 completed)

☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (Identical to computer copy)
  - ☐ Statement Verify identify of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ \*Small Entity ☐ Statement filed in prior application  
Status still proper and desired (PTO/SB/09-12)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Other: \_\_\_\_\_

\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/573,281

Prior application information: Examiner K. Easthom Group/Art Unit 2832

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying application continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	026471 (Insert Customer No. or Attach barcode label here):	or <input checked="" type="checkbox"/> Correspondence address below
Name	Conrad O. Gardner	
Address	7755 E. Marginal Way S., P.O. Box 3707, M/C 13-08	
City	Seattle	State Washington Zip 98124-2207
Country	USA	Telephone 206-655-7997 Fax 206-655-5076

Name (Print/Type)	Conrad O. Gardner	Registration No (Attorney/Agent)	22,462
Signature		Date	6/25/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL				Complete if Known			
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2000. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.				Application Number			
				Filing Date		Concurrently Herewith	
				First Named Inventor		Karen L. Coates	
				Examiner Name		K. Easthom	
				Group / Art Unit		2832	
TOTAL AMOUNT OF PAYMENT		(\$ ) 710.00		Attorney Docket No		99-315A	
METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:				3. ADDITIONAL FEES			
Deposit Account Number 02-2960							
<input checked="" type="checkbox"/> Charge Any additional Fee Required Under 37 C.F.R. §§ 1.1 and 1.17				<input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §§ 1.18 at the Mailing of the Notice of Allowance			
2. <input type="checkbox"/> Payment enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money order <input type="checkbox"/> Other							
Fee Calculation							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee	Fee	Fee	Fee	Fee Description	Fee Paid		
Code	(\$)	Code	(\$)				
101	710	201	355	Utility filing fee	\$		
106	320	206	160	Design filing fee	\$		
107	490	207	245	Plant filing fee	\$		
108	710	208	355	Reissue filing fee	\$		
114	150	214	75	Provisional filing fee	\$		
SUBTOTAL (1)				\$710			
2. EXTRA CLAIM FEES							
Extra Claims Fee From Below Fee Paid							
Total Claims	10 -	20** =	0	X	\$18.00	\$0	
Independent	3 -	3** =	0	X	\$80.00	\$0	
Claims							
Multiple Dependent				\$270.00		\$0	
** or number previously paid, if greater; For Reissues, see below							
Large Entity Small Entity							
Fee	Fee	Fee	Fee	Fee Description			
Code	(\$)	Code	(\$)				
103	22	203	11	Claims in excess of 20			
102	82	202	411	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	82	209	41	** Reissue independent claims over original patent			
110	22	210	11	** Reissue claims in excess of 20 and Over original patent			
SUBTOTAL (2)				(\$ ) 00			
SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name				Reg. Number			
Conrad O. Gardner				22,462			
Signature				Deposit Account User ID			
[Signature]				02-2960			
Date				6/20/01			
SUBTOTAL (3)				\$			

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**